

195643

STATE OF SOUTH CAROLINA

(FORM 1)

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER:

2008 397 T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

Antonio T. Spann

(Please type or print)

Submitted by: Antonio T. Spann

Telephone: (843) 424-5428

Address: 685 Burrcale Rd.

Fax:

APT. M1
Myrtle Beach, SC

Other:

29579

Email:

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input checked="" type="checkbox"/> Application – Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application – Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application – Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application – Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application – Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application – Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: _____ |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

(FORM C-AC)

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
ATTN: DOCKETING DEPARTMENT
101 EXECUTIVE CENTER DRIVE
COLUMBIA, SOUTH CAROLINA 29210
(Mailing address: Post Office Box 11649, Columbia, SC 29211)
Office # (803) 896-5100 - Fax # (803)-896-5199

CLASS C - TAXI

DATE 10/21/08, 20

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Antonio T. Spann

dba: Elite Fleet

2. (a) Street Address of Applicant 685 Burcale Rd

Apt M1, Myrtle Beach, SC 29579

(b) Mailing address, if different from street address _____

(c) Telephone Number 843-424-5428 Fed. ID # _____

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)

4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.

6. The proposed list of equipment is as per Exhibit "D" included herewith.

905

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month: _____ Year: _____

Assets:	
Cash	1,500.00
Receivables	
Real Estate	
Buildings and Equipment-Net	
Motor Vehicles-Net	
Garage Equipment-Net	
Machinery and Tools-Net	
Supplies on Hand	
Prepays and Other Assets	
Total Assets	1,500.00
Liabilities and Equity:	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity	1,500.00

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA,

COUNTY OF Horry

I, Antonio T. Spann

Owner

(Name of Applicant's Representative)

(Title)

of Elite Fleet

the Applicant for the Certificate of Public (Applicant)
Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above
Application are true and correct.

SWORN TO BEFORE ME

At Myrtle Beach, SC

This the 21 day of Oct. 2008

Gregory B. Dunsavage
Notary Public

Commission Expires: 9/12/15

Antonio T. Spann
(Signature of Applicant's Representative)

EXHIBIT C

CLASS C

TAXI ☒

CHARTER ☐

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant Antonio T. Spann

For the transportation of passengers as follows:

Area to be served: unlimited

Number of passengers: 7

Fares : \$ 2.80 per mile

Date 10/21/08

Antonio T. Spann
By

owner
Title

Rev.10/03

EXHIBIT D

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

DESCRIPTION OF EQUIPMENT

[illegible]

* Seats if passenger carrier.

Antonio T. Spann
(Applicant)

Date: 10/21/08

Antonio S. Gomez
(Applicant's Representative)

Owner
(Title)

INSURANCE QUOTE

The following insurance quote is for:

Antonio T. Spann

(Name of Motor Carrier)

dba: Elite Fleet

(Address of Motor Carrier)

Amount of Premium:

Liability Insurance 3,060.00

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

1 - 7 passengers	-	25,000/50,000/25,000
8 - 15 passengers	-	25,000/100,000/25,000

Canal Ins.

(Insurance Company Name)

P.O. Box 7, Greenville, SC 29602

(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

10/21/08

Date

Joseph B. Sherry

(Authorized Insurance Company Representative)

Rev 5/07

FORM 3

STATE OF SOUTH CAROLINA
OFFICE OF REGULATORY STAFF
TRANSPORTATION DEPARTMENT

IMPORTANT CHANGES TO DECAL APPLICATION PROCESS

The Law requires that you secure licenses on or before July 1, 2008. Enforcement for the period July 1, 2008 through December 31, 2008 will begin July 1, 2008.

UNLESS YOU COMPLY WITH THE MOTOR CARRIER LAWS OF SOUTH CAROLINA AND THE RULES AND REGULATIONS ISSUED THEREUNDER BEFORE JULY 1, 2008, A RULE TO SHOW CAUSE ORDER WILL BE ISSUED AND COULD RESULT IN REVOCATION OF YOUR OPERATING CERTIFICATE.

Your correct name is on the enclosed forms to assist you in ordering your Last Half Year 2008 License Decals. If you need additional forms, please copy the form with the correct name and remit for each vehicle. To determine your license fee(s) use the empty weight of your vehicle listed on the title or registration card.

Please destroy old decal(s) once you have secured the decal(s) for the new period.

IMPORTANT CHANGE: License decals MAY be purchased by submitting a business and/or personal check, money order, certified/cashier check or cash. All checks must be made payable to the Office of Regulatory Staff.

All completed applications and applicable fees should be mailed to:

State of South Carolina
Office of Regulatory Staff
1401 Main Street Suite 900
Columbia, S.C. 29201
803-737-0800

If you need assistance in completing your license decal application, please contact the Transportation Department at (803) 737-0800.

Thank you for ordering your license decal(s) before June 16, 2008

STATE OF SOUTH CAROLINA OFFICE OF REGULATORY STAFF
TRANSPORTATION DEPARTMENT

1401 Main Street Suite 900
Columbia, S.C. 29201
803-737-0800

Last Half
Year 2008

APPLICATION FOR LICENSE DECAL

INSTRUCTIONS:

1. Motor Vehicle Carrier license fees are due and payable semiannually on or before January 1 and July 1 of each year. **BUSINESS AND/OR PERSONAL CHECKS, CASH, MONEY ORDER, CERTIFIED, OR CASHIER'S CHECK MUST BE PAYABLE TO THE OFFICE OF REGULATORY STAFF.**
2. All licenses issued for the first-half year will expire June 30; all licenses issued for last-half year will expire December 31.
3. Type or write plainly any changes or corrections. Fill this form out completely or it may delay decal processing.
4. Mail completed application and applicable fees to: SC Office of Regulatory Staff, PO Box 11263, Columbia, SC 29211.
5. **NEW REQUIREMENT FOR CLASS C CHARTER MOTOR CARRIERS:** You are **REQUIRED** to complete the Owner of Vehicle Information. Applications received without the required information will be returned unprocessed.

CLASS

Application is hereby made to the Office of Regulatory Staff of South Carolina, Columbia, SC, for license for the motor vehicle described in the following for the period ending December 31, 2008

Certificate Holder:

(Exact Name of Certificate Holder)

Mailing Address _____ City, State and Zip Code _____
Street Address if Different From Mailing Address _____ Telephone No. _____
Owner of Vehicle _____
Name as Listed on the Title or Registration _____ City, State and Zip Code _____

VEHICLE IDENTIFICATION

Make of Vehicle _____ Seating Capacity _____
Body Type _____
VIN Number _____ Empty Weight _____
(Last 5 digits)
Year Model _____ FEE \$ _____

**** IMPORTANT **** A current annual report and required insurance documents must be on file with the Office of Regulatory Staff before any decal(s) will be issued.

**** FARES OR CHARGES (List maximum rates only; mandatory to receive decal)

APPLICANT'S SIGNATURE: _____

FORM LT-P (REV. 11/04)

Last Half Year 2008

0001

0000001

FORM 3



State of South Carolina
Office of Regulatory Staff
Transportation Department
1401 Main Street Suite 900
Columbia, S.C. 29201
803-737-0800

Single-Piece

FIRST CLASS MAIL
U S POSTAGE PAID
COLUMBIA, S.C.
PERMIT NO. 78

FORWARDING SERVICE REQUESTED

THE FEE FOR A CLASS C LICENSE IS BASED ENTIRELY ON THE EMPTY WEIGHT OF THE VEHICLE WHICH IS LISTED ON THE TITLE OR REGISTRATION CARD.

SCHEDULE OF FEES

2,000 LBS OR LESS\$ 7.50	4,501 - 5,000\$22.50	7,501 - 8,000\$37.50
2,001 - 2,500\$10.00	5,001 - 5,500\$25.00	8,001 - 8,500\$40.00
2,501 - 3,000\$12.50	5,501 - 6,000\$27.50	8,501 - 9,000\$42.50
3,001 - 3,500\$15.00	6,001 - 6,500\$30.00	9,001 - 9,500\$45.00
3,501 - 4,000\$17.50	6,501 - 7,000\$32.50	9,501 - 10,000\$47.50
4,001 - 4,500\$20.00	7,001 - 7,500\$35.00	10,001 - 10,500\$50.00
		10,501 - Over\$50.00

***PLEASE NOTE: PAYMENTS FOR LICENSE DECALS CAN BE MADE BY BUSINESS/PERSONAL CHECK, MONEY ORDER, CERTIFIED/CASHIER CHECK OR CASH. ALL CHECKS MUST BE MADE PAYABLE TO THE OFFICE OF REGULATORY STAFF.